QUESTIONS AND ANSWERS
From the PEI Roundtable, October 2, 2008

LYNNE MARSENICH – "Introduction to MHSA and PEI"

1. How many evidence based practices with cultural adaptation are there? In selecting practice, why not look at persons at risk who are coping to come up with prevention? What are they doing that could be bolstered in those not coping as well?
Rather than answer with a numerical response, it may be more informative to see cultural adaptations of evidence-based practices by age and problem area:

Children and Youth

Trauma
- African-American
- Latino (Mexican-American)
- Native American

Substance Use/Abuse and Conduct Problems
- African-American
- Latino (Puerto Rican, Mexican-American, Cuban)
- Native American

Suicide Prevention
- Native American

Parenting
- African-American
- Asian-American (Vietnamese, Chinese, Korean)
- Latino (Mexican-American)
- Native American

Depression
- Latino (Mexican-American, Puerto Rican)

Adults

Depression
- African-American
- Asian American (Vietnamese, Cambodian)
- Latino (Mexican American, Puerto Rican)

Prevention research is based on protective factors which do, indeed, identify individuals who are at risk because of adverse life circumstances, but who do not experience negative outcomes. Prevention practices do exactly what is being suggested by the question.

2. Can early intervention be used to identify a need for more intense intervention?
*In general, early intervention is not intended to identify a need for more intense intervention but rather **prevent** the need for more intense intervention.*

LISA WICKER – "Overview of PEI Planning Process"

1. The Department of Mental health is perceived as an agency that only providers services to severely mentally ill or dual diagnosis. How are you getting the word out about PEI? How are those new services going to be accessed?
   The Department of Mental Health (DMH) has employed numerous strategies over the last year for informing the public, as well as, representatives of the state-required and -recommended sectors about PEI and the community-based planning process in Los Angeles County. Initially, over 120 informational presentations were given in various venues around the county that reached over 5,000 people. Recent and current efforts to keep stakeholders informed include, but are not limited to, the DMH PEI website; the PEI stakeholders' mailing list; a bi-monthly PEI newsletter; presentations to the MHSA Stakeholder Delegates, DMH System Leadership Team, Mental Health Commission, and the like. PEI services will likely be accessed through agencies and organizations that serve the public in natural, community-based settings; through public agencies, such as schools, health clinics, and social services offices; law enforcement personnel; public awareness/education campaigns; etc.

2. How can the PEI process in conducting forums and discussion become more effective and efficient?
   PEI Administration remains open to suggestions regarding issues of efficiency and effectiveness. In order to achieve these ends with regard to the planning process, PEI will attempt to post as many planning documents as possible on its web site in order to facilitate stakeholder review and discussion. Readers are encouraged to inspect the site periodically for new information as it becomes available. Additionally, following each community forum, PEI staff and consultants will debrief the event in order to improve the experience for stakeholders in future events.

3. What is being done for the youth in skid row?
   DMH has included a number of representatives from the Skid Row provider community in order to elicit their expertise and input to the planning process for PEI. At-risk children and youth, as well as children and youth in stressed families, are both high priorities for PEI-funded services. Additionally, planners will have access to data on the homeless population in the downtown area.

4. Will there be opportunities to serve children without parental consent for prevention/early intervention?
   While this is a possibility, it is difficult to speculate on whether this might occur since PEI programs have not been specified at this time. In some specific situations and for some modes of treatment, laws do permit this. But because PEI may include new innovative programs, it is not clear whether current practice in this area would apply. As the planning process clarifies what programs are available to the public, this issue may need to be explored further.

5. What is being done to outreach to older adults to be more involved with PEI focus group?
   DMH has included older adults and their representatives in every stage of the PEI needs assessment and planning processes, such as key individual interviews, focus groups, data profiles, and community forums. DMH has a very active countywide Older Adult System of Care that has been involved in the process and has provided vital information regarding the older adult population.

6. Are older adults considered an underserved cultural population? If not, why not?
According to state DMH guidelines, older adults are considered a special age group to receive dedicated funding for PEI programs and services, but not an underserved cultural population, per se. In L.A. County, older adults are to receive approximately 17.5% of the overall PEI funding.

7. Due to older adults physical limitations, is there accommodation being put in place in order to reach more older adults?
With regard to inclusion in the PEI planning process, yes, interviewers went out to meet with the individuals, agencies, and organizations representing the older adult population at their preferred location. PEI service strategies for older adults will undoubtedly take physical and other limitations into consideration.

8. How is cultural competence/appropriateness addressed in the area of destigmatization/ confidential/anonymity/to promote mental health services?
For DMH, cultural competence typically refers to the extent to which directly operated clinics and contracted provider agencies can adequately serve different ethnic and language groups. To achieve this, DMH actively recruits individuals who can speak multiple languages and who are familiar with the sub-cultures within those language groups. Since one of the driving principles in the MHSA PEI Guidelines is to reduce the stigma of mental illness, the state is developing a statewide plan to address this which counties will be asked to adapt according to their needs. Undoubtedly, this question is one that will be addressed by stakeholders during the planning process.

9. Does PEI have a component to support Los Angeles Primary Care Physicians in addressing mental health needs?
Health is one of seven state-required sectors for counties to engage in PEI planning, which L.A. County has done throughout its process. With regard to mental health PEI services, primary care settings provide one of many health-based opportunities for integrated planning and service delivery.

10. How does a substance abuse agency get involved with mental health services?
Typically through partnering with a mental health services provider to coordinate and integrate services for people with co-occurring mental health and substance abuse disorders.

11. How can those who serve in administration of PEI process inform, educate and ameliorate political strains between education and providers of services?
Sharing information and sector-specific needs between stakeholders is a crucial part in building an integrative PEI plan. The framers of the MHSA PEI component have compelled planners to include diverse sectors of society in order to address the common needs between them. Prior to the MHSA, this was not a typical practice. Tension between planning groups may be addressed by advocating for a plan that works to achieve some common goal and by respecting divergent opinions.

12. Many risk factors are identified in schools. We usually hear about services for severely mentally ill or dual diagnosed, but not services for early identified prevention needs. How can services be accessed?

Around L.A. County, there are a number of schools that have mental health staff on-site, or services are accessed through a referral and linkage process with a local provider, but the need exceeds the current availability of such services. PEI surely provides an opportunity to establish and/or enhance school-based prevention/early intervention services to the extent possible.

13. What topics will be discussed at the community forums?
Following a brief overview of PEI, the local planning process, and service area data, breakout sessions will focus on selecting priority populations and service strategies for PEI programs.

14. Will you be completing outcomes for these programs? Will it be user friendly & not as complicated as OMA's?
Yes, DMH will be collecting, analyzing, and reporting outcomes data consistent with state guidelines and the inherent requirements of the evidence-based practices. DMH will strive to keep the data collection process as simple and user-friendly as possible.

15. What will be the process and timeline for selecting agencies/programs to provide PEI services? Will there be an RFP process? If so, does that come after state approval of the draft PEI plan, or before?
DMH anticipates filing the PEI Plan in June 2009; the state DMH and Oversight and Accountability Commission have 90 days to review, ask for revisions, and/or approve the Plan. L.A. County DMH will conduct a Request for Services (RFS) process to solicit proposals for PEI programs/services following state approval of the PEI Plan.

16. What is your projected date of RFP?
September 2009.

17. Approximately how many grants will be awarded and approximately how much funding will be awarded per grant?
DMH does not have that level of specificity at this time.

18. How is Medi-Cal going to pay for out of the box interventions?
Medi-Cal will only reimburse providers for medically-necessary services. MHSA funds, and any leveraged funds from other agencies/organizations, will pay for the bulk of PEI services because they are to be delivered to individuals who do not have a mental health diagnosis.

19. What will the documentations standards be?
DMH does not have that level of specificity at this time.

20. When will we hear about status of CSS funded programs?
The MHSA Implementation Progress Report for the Community Services and Support Plan (CSS) can be accessed on the DMH website at http://dmh.lacounty.info/MHSA/planimp/progrpts.html

21. Is there an email address to offer additional thoughts or ideas?
MHSAPEI@dmh.lacounty.gov

22. What problem are you trying to solve? Rely on local data, choose interventions.
How and where to allocate limited dollars for PEI programs and services in the most inclusive, locally-informed, data-driven manner possible for the residents of Los Angeles County.

RANDALL AHN '"Service Area Data Profiles"

1. With the DMH client data – are the PUMAs based on the agency's address or the clients?
   Good Question. Unfortunately, the data are based upon an agency's address. When we looked over the quality of data in DMH's information system, we found that a significant number of client addresses were unusable for a variety of reasons. Because the number of bad or inaccurate address was so large, reporting these data would have been misleading. So, while using the agency address is not ideal, it does give us the ability to see where clients are being served. But as you may have surmised, it does not provide us with the precision that we would like.

2. Most ethnic communities view suicide as an "accident" – there is a huge push to disguise it due to stigma. So, how would we count these "accidents" since they are not referred to as suicide?
   Because there is no way to continuously track these incidents accurately and no way to distinguish between real accidents and suicides, one would need to study this issue scientifically, perhaps through a representative survey for the ethnic communities in question.

3. When looking at "ARMS" – How do you propose to deal with the African American, especially the male as it relates to prevention of mental illness when he is never listed as an identified culture except in the clumping of people of color? They are noted as a majority by/or % of youth incarcerated & in foster care. However, they are barely on the radar when it comes to service needs as compared to Latinos. How do you identify this group as a need for prevention when data does not reflect their great need?
   When one looks at the actual frequency counts and relative percentages across ethnicities, sometimes it may look as if one group with extreme scores has greater needs than other groups. This may be true in a purely numerical sense, but in reality, there may not be too much difference between the two. Here's an example: Consider the differences in temperature between, -50° F and -100° F. The latter is twice as cold as the former, but in reality, both are going to be deathly cold to anyone experiencing these extremes. The extreme needs of one group should not overshadow the extreme needs of other groups. Regarding your last question, one way to better identify at risk groups would be to conduct a formal study examining mental health disparities across ethnicities in Los Angeles County.

4. How do African Americans fit into the strategy of mental health prevention when the evidence and data show an increase in the dropout rate, social disobedience, etc., yet data is presented in such a manner that their needs are minimized compared to other races?
   Data are presented in a uniform fashion across ethnic groups leaving interpretation and decisions regarding planning strategies to county stakeholders.

5. Are programs that focus on the needs of African Americans less likely to be funded, because of the presentation and interpretation of data that does not indicate a great need as compared to other cultures based on reviewed data?
   Many indicators do demonstrate the needs of the African-American population, though there are regional differences in all indicators both within and across services areas. Ultimately, this question is one that county stakeholders will need to address.

6. What if there is little data on a population one knows needs PEI, e.g. transgender, transgender youth, transgender homeless, transgender early transition, etc.? How do you plan a prevention program?
Another good question. If data do not exist for a particular segment of society, one would need to rely upon other forms of information such as the research literature in the area, the PEI focus group discussions, PEI key individual interviews, and one's personal experiences. All are valuable sources which will need to be weighed by the county's stakeholders. Additionally, organizations may submit a position paper that provides more information on the population of their constituents to DMH for public posting. Guidelines for position papers may be found at http://dmh.lacounty.info/mhsa/plans/peipapers.html

7. SPA #3 has tremendous significant wealth diversity, PUMAs are made up of very diverse cities, and the actual comparative data is severely skewed across every category (for example, San Gabriel, San Marino, Alhambra, and South Pasadena). Was this done in others SPAs, because it really clouds the picture of the San Gabriel Valley? It is like pairing Beverly Hills with East L.A. and it will have a significant impact on our ability to advocate for our city. The population/factors for San Gabriel are very different from the group of cities: San Marino, Arcadia & Temple City – we are grouped with when looking at the resource (?) data it toes not match my community experience (lead school nurse for SGUSD) & I assume this is because of our "grouping." San Gabriel & Alhambra have much more in common re: risk factors & population factors. If they were grouped together the statistics would be quite different in SPA3.
PUMAs were delineated by the US Census Bureau with the assistance of the State of California's data center: http://www.census.gov/geo/puma/puma2000.html according to the following document: http://www.census.gov/geo/puma/puma_guide.pdf
Demarcating PUMA boundaries followed a detailed protocol with adjacent geography and population estimates being the primary organizing variables. Other variables such as income were not included in the protocol. So, while the current report represents an advance over the traditional practice of reporting data at the service area level, it does, in some instances, have the limitation that you have observed. So this does raise important issues in terms of how the county should proceed in generating planning reports. The census bureau's PUMA solution enabled us to provide data on a large set of variables. But perhaps, what is needed is a more detailed data analysis according to the municipal geography in the service area. Yet, even this may not solve the problem you are seeing. From your example, even the city of Beverly Hills has a great disparity in wealth within its boundaries. I don't think any of us will be completely satisfied until someone develops a system that can run online queries which aggregate and compare data across customizable geographic boundaries (see below for a partial solution). So, no data source is perfect, and is one reason why PEI has other sources of information such as the focus group discussions and key individual interviews.

8. I am with the San Gabriel Unified School District Family Resource Center, and our population and their needs are very different from the neighboring cities of Arcadia, Temple City and San Marino. Is this being considered in terms of the types of services offered/risk factors for target individuals? Is there a way for our center to obtain the statistics on the City of San Gabriel alone?
Please see the above response regarding PUMA geography. With regard to your question regarding city statistics, there are sources available to you that may help in your planning. The US Census Bureau has online demographic information (but not other variables) from the 2000 census on the city of San Gabriel: http://factfinder.census.gov/home/saff/main.html?_lang=en

And, your local government may be able to provide more statistics on other variables of interest, (e.g. crime statistics). Furthermore, your local librarian may have a specialized source of information for you as well. But, regrettably, we do not have the staff or resources to perform a data extraction for you.

KRISTEN DONOVAN – "Key Individual Interview and Focus Groups"

1. Why were there only 54 participants elected for interviews?
   Interviewing 54 people takes time due to the steps involved in conducting interviews. Here are a few steps to consider: planning the interview, selecting a representative sample of interviewees, contacting and arranging for a meeting, hiring and training staff to deliver a standardized interview, and then analyzing and writing up the results. Conducting the interviews ran from February through September 2008. We simply did not have the time or resources to conduct more.

2. How were the community groups selected?
   Selection of community groups involved creating a matrix of important PEI categories, such as the PEI priority populations, key community mental health needs, underrepresented populations, age groups, service areas, etc. Suggestions for possible agencies and organizations were solicited from DMH District Chiefs, Service Area Advisory Committee (SAAC) members, and other stakeholders throughout the county familiar with the categories. From this pool, selections were made in order to achieve a representative and comprehensive coverage of the matrix cells.

3. Where can we get a copy of the finalized data? How was the composition of the focus groups determined?
   Finalized reports will be available from this web site and at community forums should they be available at that time.

4. What were the outcomes of the focus groups? How are they integrated into the plan? I heard some focus group outcomes have not been included in the planning.
   The outcomes of the focus groups are being reported for each service area, as well as for a number of groups that have a countywide focus. Presently, some but not all reports have been finalized. All finalized reports will be available on this web site and will be given out at community forums should they be available when they are held. Information from the reports will be used by stakeholders and planners in conjunction with other sources in order to inform the planning process. It is up to each stakeholder to carefully weigh the information in the reports to help them form their opinions about prioritizing services for communities and populations in their service area or for their countywide population.